

FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2011
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEBANON HEALTH AND REHABILITATION CE

731 CASTLE HEIGHTS COURT
LEBANON, TN 37087

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 623	<p>1200-8-6-.06(3)(b)2. Basic Services</p> <p>(3) Infection Control.</p> <p>2. Cats, dogs or other animals shall not be allowed in any part of the facility except for specially trained animals for the handicapped and except as addressed by facility policy for pet therapy programs. The facility shall designate in its policies and procedures those areas where animals will be excluded. The areas designated shall be determined based upon an assessment of the facility performed by medically trained personnel.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure annual vaccines were current for one animal used for pet therapy within the facility.</p> <p>The findings included:</p> <p>Observation on initial tour of the facility on November 14, 2011, at 10:30 a.m., revealed the facility had one cat (Gracie) for the residents.</p> <p>Review of the facility policy for Gracie revealed "...annual vaccines..."</p> <p>Review of the facility's documentation of the animal's vaccine record revealed no documentation since 2007.</p> <p>Interview with the Activities Director on November 15, 2011, at 8:30 a.m., in the Activity Room, confirmed no documentation available since 2007 for the required annual vaccines.</p>	N 623	<p>N623 Basic Services</p> <p>The facility will ensure annual vaccines were current for one animal used for pet therapy within the facility.</p> <p>Gracie had her vaccinations on 11/15/2011.</p> <p>The Activity Director was instructed to take Gracie annually to receive her vaccinations.</p> <p>COMPLETED ON 12/09/2011</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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If continuation sheet 1 of 1